## State of Louisiana Office of Financial Institutions Baton Rouge, Louisiana

## LOAN ORIGINATOR TRANSFER REQUEST APPLICATION & INSTRUCTIONS

A Loan Originator Application must be submitted for each person who meets the definition of an originator under the Residential Mortgage Lending Act (RMLA) LSA-R.S. 6:1081 et seq. Originators must be either the owner of the company or an employee. (See attached Policy No. RML-01-03 for definition of employee.) All questions on this application MUST be answered in order for the application to be considered complete.

According to LSA-R.S. 6:1089 B(1),(3) Whenever the employment of an originator changes, whether by the originator's action or otherwise, the originator shall give written notice of the change of employment to the commissioner within thirty days of such change. The notice shall be accompanied by a filing fee of fifty dollars. Failure to notify the commissioner within the prescribed time as required by this Section shall result in a one hundred dollar late filing fee.

REMINDER: You must submit your written notification of separation/termination to the Office of Financial Institutions within the 30 days of the date of separation. If you have not submitted the required written notice within the required 30-day time period, a \$100 late notification fee must be remitted to the Office of Financial Institutions before a license can be issued.

An originator may originate loans <u>only</u> for the company whose name appears on their licenses. Originators transferring from one company to another MAY NOT engage in residential mortgage lending activities for the new company until they have received a license.

ATTACHMENTS:					
	FEES: \$50 application fee				
	NEW LOCATION				
	\$100 new location fee. Sign copy of lease agreement.				
AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES FORM:					
	This form must be completed, signed by each loan originator applicant, and notarized. Informatio contained in this document is kept confidential.				
	MAIL TO:		TO SEND OVERNIGHT:		
	Office of Financial Institutions P. O. Box 94095 Baton Rouge, LA 70804-9095	or	Office of Financial Institutions 8660 United Plaza Blvd., 2nd Floor Baton Rouge, LA 70809		

STATE OF LOUISIANA

OFI (5/06)

# REQUEST TO TRANSFER LOAN ORIGINATOR LICENSE

### **Residential Mortgage Lending Act**

(Any changes to this form may result in the application being returned.)

All questions on this application MUST be answered in order for the application to be considered complete.

as a 1 to the the co (Signature STAT PARIS) who, it	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for the ompany's surety bond or other form of financial responsigned this day of	nse (Employee's Name)	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS) who, it	I hereby affirm or attest that upon issuance of a lice e an $\square$ owner $\square$ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for the ompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  **********  **E OF SH OR COUNTY OF  Before me, the undersigned authority, personally cannot be another than the shear and that all statements of the company Name)  [Company Name]  ration are true and correct to the best of his/her knowledge and that all statements of the correct to the best of his/her knowledge and that all statements of the company Name)	nse (Employee's Name)	also affirm that is covered under 8(C).  of egoing		
as a 1 to the the co (Signature STAT PARIS) who, it	I hereby affirm or attest that upon issuance of a lice e an $\square$ owner $\square$ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for the ompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  **********  **E OF SH OR COUNTY OF  Before me, the undersigned authority, personally cannot be another than the shear and that all statements of the company Name)  [Company Name]  ration are true and correct to the best of his/her knowledge and that all statements of the correct to the best of his/her knowledge and that all statements of the company Name)	nse (Employee's Name)	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS) who, it	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for thompany's surety bond or other form of financial responsigned this day of	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is billity, as required by LSA-R.S. 6:1088 and company.  [Print Name and Title]  [Print Name and Title]  [Company representative]  [Representative's title]  [Representative's title]	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for the ompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ***********  **E OF SH OR COUNTY OF  Before me, the undersigned authority, personally cannot be an and that all statements.	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is bibility, as required by LSA-R.S. 6:1088	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for the ompany's surety bond or other form of financial responsigned this day of	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is bibility, as required by LSA-R.S. 6:1088	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ************  **E OF SH OR COUNTY OF  Before me, the undersigned authority, personally care.	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is bility, as required by LSA-R.S. 6:1088	also affirm that is covered under 8(C).		
as a 1 to the the co (Signature STAT PARIS	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ************  **E OF SH OR COUNTY OF  Before me, the undersigned authority, personally care.	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is bility, as required by LSA-R.S. 6:1088	also affirm that is covered under 8(C).		
as a 10 to the the co (Signate STAT	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ***********************************	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is billity, as required by LSA-R.S. 6:1088    (Print Name and Title)  ***********************************	also affirm that is covered under 8(C).		
as a 10 to the the co (Signate STAT	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ***********************************	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is is required by LSA-R.S. 6:1088, 20  (Print Name and Title)	also affirm that is covered under		
as a 10 to the the co (Signate STAT	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ***********************************	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is is required by LSA-R.S. 6:1088, 20  (Print Name and Title)	also affirm that is covered under		
as a 10 to the the co (Signate STAT	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsigned this day of  ure of authorized Company Representative)  ***********************************	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is is required by LSA-R.S. 6:1088, 20  (Print Name and Title)	also affirm that is covered under		
as a 10 to the the co	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates ONLY for thompany's surety bond or other form of financial responsigned this day of	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is is required by LSA-R.S. 6:1088, 20  (Print Name and Title)	also affirm that is covered under		
as a 10 to the the co	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsigned this day of	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she is is bility, as required by LSA-R.S. 6:1088 at 20	also affirm that is covered under		
as a 1 to the	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsance.	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she insibility, as required by LSA-R.S. 6:1088	also affirm that is covered under		
as a 1 to the	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for thompany's surety bond or other form of financial responsance.	nse (Employee's Name),does not receive company's behalf as a loan originator. It is company. I further affirm that he/she insibility, as required by LSA-R.S. 6:1088	also affirm that is covered under		
as a 1 to the	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the best of my knowledge he/she originates <b>ONLY</b> for the	nse (Employee's Name),does not receivons company's behalf as a loan originator. It is company. I further affirm that he/she is	also affirm that is covered under		
as a 1	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)_099 independent contractor, and will be acting on the	nse (Employee's Name),does not receiv	also affirm that		
will b	I hereby affirm or attest that upon issuance of a lice e an □ owner □ W-2 employee of (Company Name)	nse (Employee's Name),does not receiv	ve compensation		
will h	· · ·		ve compensation		
	· · ·				
	(	rized employer representative)			
	EMPLOYER CE (Must be completed by the autho				
5.	Picture I. D.				
_					
	$\Box$ Yes $\Box$ No (If yes, attach a signed copy.)				
4.	Employment and/or Branch Manager Agreement:				
	Principal Location:	Other Locations.			
	Drive singl Legation	Other Locations:			
	residential mortgage loans. (Attach additional page	if necessary.)			
3.	Office address of each location from which the originator may originate				
_					
	· · · · · · · · · · · · · · · · · · ·				
	(b) Municipal Address of Main Office:				
	(1) M 1 A 11 CM . OCC				
۷.					
2.	(a) Name of Employer:				
2.					
	(a) Name of Employer:	_ Fax ( )			

OFI (05/06)

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES					
Name:	Social Security #:				
Home Address, City, State, Zip Code:					
Date of Birth:	Home Telephone No:				
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.					
Have any civil judgments been entered against you during the past 10 years?	( ) Yes, attach explanation ( ) No				
Are there any civil proceedings pending against you or civil	( ) Yes, attach explanation ( ) No				
judgments entered against you which involve fraud or dishonesty?					
Have you ever been convicted of, plead guilty to, or entered	( ) Yes, attach explanation ( ) No				
a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or					
for which you received a first offense pardon?					
Have you ever been convicted of, plead guilty to, or entered	( ) Yes, attach explanation ( ) No				
a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which					
may have been expunged, set aside or which you received a					
first offense pardon?  Have you been the subject of a bankruptcy, assignment for	( ) Yes, attach explanation ( ) No				
the benefit of creditors, receivership, conservatorship, or	( ) 100, 411411 0.1.				
any similar proceeding?  Have you been refused a license or registration to do	( ) Yes, attach explanation ( ) No				
business under the provisions of a similar law or subject to	( ) Tes, attach explanation ( ) No				
any enforcement proceedings by any State or Federal					
government agency involving the revocation or suspension of any business, fines or penalties?					
Have you been discharged for cause or been requested to	( ) Yes, attach explanation ( ) No				
resign from any employment position?  Thereby authorize the licensing authority to make inquiries from the property of the pro	om any financial institution, credit bureau or law enforcement agency				
for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or					
registration.  I hereby certify that the information on this form, to the best of my knowledge, is complete and accurate.					
Thereby certify that the information on this form, to the best of my knowledge, is complete and accurate.					
	Signature				
	Signature				
SUBSCRIBED BEFORE ME ON THISday of _	20				
u, or	, = 0				
AT:					
(CITY)	(STATE or COMMONWEALTH)				
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:				

# STATE OF LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS BATON ROUGE, LOUISIANA

August 12, 2003 POLICY NO. RML-01-03

### EMPLOYEE DEFINED

### **PURPOSE:**

To clarify who is an employee pursuant to LSA-R.S. 6:1083(6) definition of originator.

### TO WHOM THIS POLICY APPPLIES:

All natural persons who originate loans for a mortgage broker or a mortgage lender subject to the Residential Mortgage Lending Act ("RMLA").

### **SPECIFICS:**

APPROVED BY:

Originator is defined, in part, by the RMLA as a natural person who is an <u>employee</u> of a mortgage broker or mortgage lender who is not acting as a mortgage broker or mortgage lender as defined in the RMLA. Employee is not defined in the RMLA; therefore, we look to other sources for guidance, including both the Internal Revenue Service ("IRS") and the Louisiana Department of Labor ("LDL").

The IRS considers the following three factors to determine if a person is an employee:

- 1. <u>Behavioral Control</u> A worker is an employee when the business has the right to direct and control the worker. The company does not have to actually control the way the work is done as long as the company has the right to do so.
- 2. <u>Financial Control</u> An employee would not normally have a significant investment in his work, incur high unreimbursed business expenses, or realize a profit or incur a loss from the business.
- 3. Relationship of the Parties How do the business and worker perceive their relationship?

The LDL defines an employee as an individual who performs services for wages under any written or oral contract and whose wages are subject to unemployment insurance taxes. An individual is **not** an employee if it can be shown that the individual:

- 1. has been and will continue to be free from any control or direction over the performance of such services both under his contract and in fact; and
- 2. such service is either outside the usual course of the business for which such service is performed, or that such service is performed outside of all the places of the enterprise for which such service is performed; and
- 3. such individual is customarily engaged in an independently established trade, occupation, profession, or business.

After taking the above factors into consideration, employee is hereby defined as a natural person who works under the direction and supervision of a mortgage broker or lender and is paid a salary or commission but does not realize a profit or incur a loss from the business. Said person must be under the exclusive control of only one mortgage broker or lender for the purposes of conducting residential mortgage lending activities and whose compensation is subject to withholding of federal and state taxes, unemployment insurance, and social security.

John O. Trovis	
<u> </u>	8/12/03
John D. Travis	Date
Commissioner	